## STOTION COST CONTRACTOR

FE6AN026

FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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2015 AUG -5 AM 8: 48

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1. NAME OF T COMMITTEE (in full)		TYPE OR	TYPE OR PRINT ▼			oing, type	12FE	12FE4M5				
Filisical Adviacacy Fund												
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ADDRĖSS (	number and street)	L1813	9.A. R.	acky	Buo	ok D	ساما		1 1 1		1 1 1	
Check if different than previously reported. (ACC)		ــــــ							111		<del></del>	
		LAK	rianli	1111	111111 OH 44313-							
2. FEC ID	ENTIFICATION N	IUMBER ▼		CITY 🛦			STATE	<u> </u>		ZIP COD	)E 🛦	
C 0	0.5.4.3.7	7.7		3. IS THIS REPORT	X	NEW (N) OR		AMI (A)	ENDED			
(Chasse One) Report (No.									Nov 20 (Non-Elect Year Only)	ion		
(a) Qu	arterly Reports:			Mar 20 (M3) Apr 20 (M4)		Jun 20 (M6 Jul 20 (M7)			20 (M9) 20 (M10)		Dec 20 (Non-Elect Year Only) Jan 31	ion
	April 15 Quarterly Report	(Q1) (c)	12-Day	Apr 20 (M4)	Primary (1:		हिन्स <u>ु</u> सन्दर्भ	eneral (			Runoff (	
	July 15 Quarterly Report		PRE-Electio	[]						٢	nulion (	12(1)
	October 15 Quarterly Report	(Q3)	neport for ti	ie.	Convention	(120)		ecial (1	23)			
	January 31 Year-End Report	(YE)	E	Election on		, Lovo	~~~			in the State of		
X	July 31 Mid-Year Report (Non-elect Year Only) (MY)	ion (d)	30-Day POST-Electi	السيعوا	General (3	0G)	Rı	unoff (30	0R)		Special	(30S)
	Termination Repo (TER)	rt	Report for the	ne: Election on		/ <b>[</b>	777			in the State of		
5. Covering Period 67 67 2015 through 66 30 2015												
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.												
Type or Print Name of Treasurer Brad Phlipot												
Signature of Treasurer    Sulla Palint Date 07 30 2015												
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.												
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